



LOUIS HERMAN EDUCATIONAL CENTER
 2800 Joppa Avenue South, St. Louis Park, Minnesota 55416
 (952) 920-6630 Phone ♦ (952) 922-7844 Fax
www.torahacademymn.org ♦ office@torahacademymn.org

Admissions Application 2010-2011 Grades K–8

A non-refundable application fee of \$300 must accompany each student application

♦ Pay **discounted** application fee of \$250
 if form is submitted with fee **by February 26, 2010!** ♦

STUDENT NAME: _____

GRADE APPLYING FOR: _____

Kindergarten students must be 5 years old by September 1, 2010

Please note: If you have 2-, 3-, or 4-year olds, please ask for an application for Torah Tots.

Grade	2010-11 Tuition
Kindergarten (8:00 am-2:30 pm)	\$7200
Grades 1–5	\$9250
Grades 6–8	\$9950
Extended care is available. Please call for rates.	
Fees for each student:	
Activity & Book Fee for Pre-K and Kgn	<i>To be determined</i>
Activity & Book Fee Grades 1–8	<i>To be determined</i>

Education questions? Contact Rabbi S. Binyomin Ginsberg, Dean 952-285-8607
 Financial questions? Contact Rabbi Joel L. Waxman, Comptroller 952-285-8612

Please attach a photocopy of your child’s birth certificate

RELEASE INFORMATION

Please use enclosed form to contact your child(ren) ’s present/previous school and ask that a transcript, test records, health records, and other relevant information be sent directly to:

Torah Academy, 2800 Joppa Avenue South, St. Louis Park, Minnesota 55416

Admissions Application Kgn-8

Please print For Grade _____ School Year _____

Applicant's Name _____ Gender ____ Male ____ Female

Name your child would like to be called (nickname) _____

Date of Birth _____ Place of Birth _____

Hebrew Name _____ Hebrew Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Present School _____

Address _____

City _____ State _____ Zip _____ Phone _____

Father's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell/Pager _____

Occupation and Position _____ Does your company match donations? ____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Mother's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell/Pager _____

Occupation and Position _____ Does your company match donations? ____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Paternal Grandparents' Names _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Maternal Grandparents' Names _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Home Information

Synagogue Affiliation _____

Synagogue Address _____

Name of Rabbi _____

If student or mother was not born Jewish, conversion was performed by:

Address _____ City _____ State _____ Zip _____

PARENT PROFILE

Marital Status of Parents: Married Separated Divorced Widow(er) Single

Applicant lives with _____

Address _____ City _____ State _____ Zip _____

Public School District in which you reside _____

Name of public school that student would have attended _____

Father

Schooling: High School _____

College and Degree _____

Special Interests _____

Special Skills _____

Other Business/Social/Professional Organizations Affiliations _____

Availability to volunteer at school _____

Mother

Schooling: High School _____

College and Degree _____

Special Interests _____

Special Skills _____

Other Business/Social/Professional Organizations Affiliations _____

Availability to volunteer at school _____

Personal Information

Student's First & Last Name _____

List areas of special talent or interest: _____

List any extra-curricular activities _____

Has the applicant ever had an educational, neurological, or psychological evaluation? _____

When? _____

Where is the information available? _____

Describe any illness, disease or physical disabilities that would have affected or may affect the applicant's general health, school work or participation in the school's physical education program. _____

Other children in family 8 th grade & younger	Birth date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check box if you are applying for financial aid.

To receive a financial aid form, please include a check for \$20 per family for processing along with your application fee. (Financial aid is **not available** for Torah Tots or Pre-Kindergarten)

Please contact the school office for up-to-date information about bus service home in St. Louis Park or about after school child care.

Date

Signature of parent/guardian

=====
For office use only:

Date received _____ *Fee Paid \$* _____ *Check Number* _____ *Date of Check* _____

Entered into SDP _____ *Family ID* _____ *Student ID* _____ *Acceptance letter sent* _____

Extended day until 4:10 _____ *until 6:00* _____ (*list days requested* _____ *FA sent* _____ *Bus* _____)